

Here's a few of our favourite memories from Battle 2015—The Twilight Edition!



SAVE THE DATE!

BATTLE 2016

Friday 15 April 2016

Sandstorm Beach Club

Tell us a little about yourself

I am a registered nurse and have been working in clinical trials for about 16 years. I did my nursing training the "old fashioned" way at the Prince Alfred Hospital. Clinical trials are great to work in and offer interesting experiences. I have two children, a boy aged ten and a girl aged 14, who are very different! I like to be involved with their school activities and have a great group of friends as a result.

What is your role at QCGC Research?

My role is Clinical Trial Manager for the feMMe trial. As part of this role, I will be travelling to the Gold Coast University Hospital to assist the team in screening and enrolling patients. Eilish, the gynae cancer nurse there

is an old friend of mine, so it will be a pleasure to work with her again.

What inspired you to undertake this role?

I was inspired to apply for this position as I had always been involved in pharmaceutical clinical trials, but was always interested in investigator-driven trials. I'm interested in oncology and have a background in oncology and haematology clinical trials.

What is your most memorable moment?

I have lots! I worked at Great Ormond Street (the hospital for sick children) in London and had the pleasure of meeting Princess Diana before she died.

up close | Vanessa Taylor



What is your favourite holiday destination?

As a family with a dog and a jet ski, North Stradbroke Island is our favourite holiday destination. Our dog Ned is mad about swimming, especially in the surf!

newsflash



Just as we were finishing our July newsletter, we received some very exciting news.

Last year we applied for a \$540,000 grant from Cancer Australia to continue the feMMe trial.

We just received word that our grant application was successful and Cancer Australia will provide us the grant over a period of three years.

This is wonderful news for women diagnosed with endometrial cancer, who may otherwise face treatments that can leave lasting physical effects, long recovery times and hospital stays.

Our sincere thanks to Cancer Australia for helping to ensure the future of the feMMe trial!



Message from the Director of Research

I'm pleased to report that QCGC continues its activities in gynaecological cancer research, with many developments occurring since our last newsletter. Our team has been working hard on two new and exciting ovarian cancer trials, ECHO and IMAGE.

The ECHO trial looks at the benefits of physical exercise during chemotherapy for ovarian cancer and the IMAGE study looks to prove that full-body PET scanning upon diagnosis of ovarian cancer leads to an earlier, more accurate diagnosis of cancer spread. More information about these trials is detailed over the page.

We held Battle 2015 – The Twilight Edition on Friday 17 April and raised over \$135,000 to fund important trials like the ones I just mentioned. We had overwhelming feedback that the new twilight format was an absolute winner! In keeping with the popularity of the evening competition, we have scheduled the next Battle for Friday 15 April 2016 from 5pm.

Please mark your diaries and spread the word. We hope you will let all of your friends, family and colleagues know, as we would love to make 2016 the biggest Battle yet! More details will be available in our next newsletter.

Our annual gynaecological cancer symposium is not far away. This year the symposium will focus on genetics and familial gynaecological cancer. We will hear from speakers about the various genes and syndromes that can increase a woman's chance of developing cancer, as well as the courses of action available to high-risk individuals. The symposium will be held at The Royal Brisbane & Women's Hospital, Herston, Brisbane on Saturday 29 August from 9am – 1pm. Further information is available at www.gyncan.org/events or on (07) 3646 3882.

Finally, I encourage patients, their families and friends to sign up for our electronic newsletter. The e-version delivers the same content in an environmentally-friendly way. If you'd like to be added to our e-version list, please send an email detailing your full name to e.capaldi@uq.edu.au.

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update | feMMe

your support is vital

Here at QCGC Research, we have one clear purpose and mission:

'to research and develop the best standard of care for women experiencing gynaecological cancer.'

To make this mission a reality, we welcome donations, grants and fundraising initiatives from our valued supporters.

We receive minimal government funding and therefore rely on the support of generous individuals and community-minded organisations.

We ask you to help us secure the future of the vital work we do here at QCGC Research.

If you've donated before and would like to help again, or maybe you'd like to donate for the first time—please email e.capaldi@uq.edu.au or phone (07) 3646 3882.

We sincerely thank all past donors for their contributions, no matter how big or small.

Your generosity has provided a better quality of life for women who have, and those who will, undergo treatment for gynaecological cancer.

Surgical treatment can be unsafe and costly for the growing number of women diagnosed with endometrial cancer (EC). Obesity increases the risk of medical comorbidities (e.g., type 2 diabetes, cardiovascular disease) and the risk of complications during and after surgery.

While the surgical treatment of EC is generally effective, it often comes at a high personal cost to patients. Patients often experience long hospital stays and a long recovery from surgery. For women of child-bearing age, their plans to start a family can be jeopardised, especially if they require a complete hysterectomy.

The feMMe trial is investigating conserv-

ative and kinder treatment options for these patients. feMMe is a clinical trial which evaluates the effectiveness of the intra-uterine device (Mirena) with Metformin (a powerful diabetes drug with anti-cancer properties) *or* weight loss for the treatment of early-stage EC as an alternative to major surgery.

To date, we have 36 patients participating in feMMe in Queensland and New Zealand. We aim to recruit a total of 165 participants.

The feMMe trial is funded by the Australia New Zealand Gynaecology Group (ANZGOG), Cancer Australia and private donations.

update | IMAGE

We recently commenced the IMAGE trial, which studies the effectiveness of PET scanning for ovarian cancer patients instead of CT scanning.

Prior to surgery, ovarian cancer patients currently receive CT scans to determine the extent of the disease. Patients with disease outside of the abdomen usually then receive upfront chemotherapy rather than surgery.

However, CT scans are not accurate enough and diagnostic errors are common. Images of the chest can be blurred by breathing motion. 'Gating' is a technique that freezes the respiratory motion

to improve images of the chest. IMAGE studies the value of gated PET/CT compared to current standard imaging techniques (CT scan) in patients with ovarian cancer.

This study will allow us to diagnose the extent of cancer far more accurately than with current imaging methods. This information will immediately assist clinical decision-making.

To date, six participants have been recruited from the Royal Brisbane & Women's Hospital. We aim to recruit 84 patients in total.

update | ECHO



Ovarian cancer is the second-most commonly diagnosed gynaecological cancer. During treatment, chemotherapy-related adverse effects are common and contribute to a decline in physical wellbeing and quality of life.

Only 32 per cent of Australian women treated with chemotherapy for ovarian cancer actually complete the standard

chemotherapy without dose restrictions or delay.

Participating in exercise during chemotherapy for other cancer types has been shown to reduce the number and severity of physical and psychosocial treatment-related side effects and improve quality of life.

There is also preliminary evidence in the breast cancer setting showing an association between participation in exercise and greater adherence to chemotherapy.

ECHO will analyse the effect exercise has on tolerance to chemotherapy and will commence in the coming weeks. We look forward to providing an update in our next newsletter.

meet the team | QCGC Gold Coast

Did you know we have an exceptional QCGC team on the Gold Coast? The team, based at The Gold Coast University Hospital, consists of A/Professor Marcelo Nascimento, Dr Graeme Walker and Gynaecological Oncology Registered Nurse Eilish Jacobs.

A/Prof Nascimento and Dr Walker share a passion to find better survival outcomes for women affected by gynaecological cancer. Cancer surgery evolves rapidly and requires constant innovation and new treatment strategies to minimise toxicity and improve outcomes.

A/Prof Nascimento is trained in general surgical oncology and gynaecological oncology, which is a unique skill-set in Australia. Dr Walker has extensive training in minimally invasive surgery for gynaecological cancer patients. Mrs Eilish Jacobs is one of the most experienced nurses in her field in this country and facilitates all supportive care; from day one right throughout the

follow-up period.

"Our utmost inspiration is patient quality of care. We often find our patients at the lowest point in their life, recently diagnosed with cancer," A/Prof Nascimento said.

"From there, we have to prepare them for a long journey of treatments," he said.

"Our team approach, involving a diverse number of specialists, specialised nurses and allied health professionals, definitely provides them with the highest level of care.

"Whether our patients are going to be treated with curative or palliative care, our main inspiration is their feedback that we have done our best to improve quality of life."

patient profile | Jo Hoey

My name is Jo and I'm 31 years old. I found out I carried the BRCA2 mutation in August 2014. This gene mutation has affected my family through some of the lesser known BRCA2 cancers such as lymphoma, stomach cancer and ovarian cancer. It has affected my mother, aunt, grandfather and his brother all in their 40s and 50s. So we always knew we had a cancer gene in our family.

My sister works at the National Cancer Institute in America and for years insisted that my mum get tested for BRCA. In the US this test is done commonly when someone is diagnosed with breast or ovarian cancer. Well, my sister was right; when mum had the test it showed she did have the mutation. By finding out that she is a carrier, mum can now have more targeted chemotherapy when her ovarian cancer rears its ugly head and our family members can make the personal decision as to whether they would like to test for BRCA.

As a nurse, I have been touched by ovarian cancer through the patients I have cared for and I am under no illusion as to how dangerous ovarian cancer is. So I decided to get tested shortly after hearing my mother was affected. To my surprise, I too am a BRCA2 mutation carrier. Within the last six months, I have had double mastectomies and breast reconstructions to decrease my risk of breast cancer and have had my fallopian tubes removed to decrease my risk of ovarian cancer.



If there is one message I can get out there to other BRCA women it is this—**you can still have a family AND take measures to decrease the risk of ovarian cancer.**

New research is suggesting ovarian cancer might start in the fallopian tubes.

I have also started PGD (preimplantation genetic diagnosis) through IVF, so our future children will have a lesser chance of getting one of the BRCA2 cancers (breast, ovarian, prostate, pancreatic, melanoma, stomach or lymphoma).

Research into BRCA is constantly evolving and I feel so empowered and blessed that I have been given the opportunity to take my life into my own hands to decrease my risk of breast and ovarian cancer.

*If you'd like to help raise awareness about gynaecological cancer, please share your story with us!
Please send your details to Jackie Wallace at j.wallace4@uq.edu.au*